

REQUIREMENTS & INSTRUCTIONS – LICENSED SOCIAL WORKER APPLICATION

Access this form via website at: www.hawaii.gov/dcca/pvl

APPLICATION FORM

Complete and sign the attached application using a typewriter or print legibly in dark ink. Answer all questions. If an item is not applicable, indicate "N/A".

Failure to provide all the requested information will delay the processing of your application.

LICENSING REQUIREMENTS

To be licensed, an applicant shall meet the necessary qualification requirements as identified below:

1. **Holds a master's degree** from a college or university in a social work program accredited by OR deemed to be equivalent to an accredited program by the Council on Social Work Education;

OR

Holds a doctoral degree in a social work program from a college or university accredited by the Western Association of Schools and Colleges or a comparable regional accreditation body.

AND

2. **Pass the intermediate, advanced or clinical** national examination administered by the Association of Social Work Boards (ASWB) or if prior to 1990, the ASWB level "B" or "C" examination.

EDUCATION DOCUMENTS REQUIRED

Arrange to have the Registrar of your school send **directly** to us an official transcript indicating your degree, major, and the date the degree was conferred.

EXAMINATION REQUIREMENT

FOR APPLICANTS WHO HAVE ALREADY PASSED THE REQUIRED EXAMINATION:

- **Arrange** to have ASWB send us **directly** an official verification of your examination results. Please contact ASWB as listed below:
 - a) **By Mail:** Complete the "Official Score Transfer Request Form" located in the Candidate Handbook and return the completed form and required fees to "ASWB, Candidate Registration Center", P.O. Box 1508, Culpeper, VA 22701 or by facsimile to 1-540-829-0142;
 - b) **On-line:** Complete the Score Transfer Form at the ASWB website: www.aswb.org.
 - c) **By Telephone:** Contact ASWB at 1-888-579-3926 to order an "Official Score Transfer" report.

Original documents are required. Copies are not acceptable.

FOR APPLICANTS APPLYING TO TAKE THE ASWB "INTERMEDIATE" OR "MASTERS" EXAMINATION:

In Hawaii, electronic testing is provided year-round on Oahu; Maui; and Hilo, Hawaii and is administered by ACT, Inc.

- **Submit** the non-refundable application fee of \$60 with your application, payable to Commerce and Consumer Affairs.
- After your application has been approved and you are deemed eligible to sit for the exam, you will be mailed an eligibility letter, which is **valid for one (1) year**, and the ASWB Candidate Handbook. The ASWB Candidate Handbook includes the registration information. To register for the intermediate (minimum), advanced, or clinical level examinations, please contact ASWB as listed below:
 - a) **By Mail:** Complete the Registration Form located in the Candidate Handbook and mail it with the examination fee (certified check, money order or credit card) to the ASWB Registration Center, P.O. Box 1508, Culpeper, VA 22701. The registration fee is \$175. **No personal checks will be accepted;**
 - b) **On-line:** Go to the www.aswb.org website and click on "Register for the ASWB Exam" and complete the Registration Form. Only credit card payments (Visa, Mastercard, Discover) will be accepted when registering on-line. The registration fee is \$175.

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**EXAMINATION
REQUIREMENT
(Cont.)**

- c) **By Fax:** Complete the Registration Form located in the Candidate Handbook and fax it to ASWB at 1-540-829-0142. Only credit card payments (Visa, Mastercard, Discover) will be accepted when registering by fax. The registration fee is \$175.
- d) **By Telephone:** Use the Registration Form to collect and organize the information you will need to provide when you call the "Candidate Registration Center". Fill out the Registration Form and call 1-888-579-3926 to register for the examination. The Candidate Registration Center is open from 8:30 a.m. to 7:00 p.m., Eastern Time, Monday through Thursday; and on Friday from 8:30 a.m. to 6:00 p.m., Eastern Time. Only credit card payments (Visa, Mastercard, Discover) will be accepted. Payment must be made at the time of registration. The registration fee is \$175.

A copy of the ASWB Candidate Handbook containing all the information which candidates need to register and schedule an appointment is available at www.aswb.org or contact the Association of Social Work Boards at 1-888-579-3926.

LICENSE FEES

FOR APPLICANTS WHO HAVE ALREADY PASSED THE REQUIRED EXAMINATION, PAY THE FOLLOWING FEE WITH THE APPLICATION:

If applying for license in the first year of the triennium,
(7/1/04 to 6/30/05), pay \$317
(Application-\$60* + License-\$100 + Compliance Resolution Fund-\$105 + 2/3 renewal-\$52)

If applying for license in the second year of the triennium,
(7/1/05 to 6/30/06), pay \$256
(Application-\$60* + License-\$100 + Compliance Resolution Fund-\$70 + 1/3 renewal-\$26)

If applying for license in third year of the triennium,
(7/1/06 to 6/30/07), pay \$195
(Application-\$60* + License-\$100 + Compliance Resolution Fund-\$35)

* Application fee is not refundable.

Make check payable to: **Commerce and Consumer Affairs.**

The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (Section 26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with the Department of Commerce and Consumer Affairs.

Note: One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

**ABANDONMENT
OF
APPLICATION**

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

**MAILING
ADDRESS**

Mail complete application to:

*Social Workers License
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801*

or

Deliver to office location at:

*335 Merchant St., Rm. 301
Honolulu, HI 96813

Phone: (808) 586-3000*

**TRIENNIAL
RENEWAL**

All licenses regardless of issuance date, **shall be renewed triennially (every three (3) years) on or before June 30**. Future renewal dates occur on 6/30/04, then 6/30/07. Failure to renew a license shall result in a forfeiture of the license. It is the responsibility of the licensee to inform the Department in writing of any name or address change.

**LAWS
PUBLICATION**

Chapter 467E, Hawaii Revised Statutes, provides for the regulation of social workers in Hawaii. A copy of the Social Worker law is available by submitting a written request to the address above. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statute. Indicate the specific chapters in your request.

The laws are also posted on our website at: **www.hawaii.gov/dcca/pvl**. Look under "Social Workers".

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR LICENSE - LICENSED SOCIAL WORKER

Before completing this form, read the information and instructions for filing.

Legal Name (First-Middle)		(LAST)
Residence Address (Include apt. no., city, state & zip code)		
Mailing Address ONLY if different from above:		
Social Security No.	Other Names Used	Phone No. (Days)
Provide date you requested transcripts: _____		
Provide date your requested verification of your scores (if applicable): _____		

FOR OFFICE USE ONLY

Approved:	
License No. LSW -	Eff. Date:

EDUCATION	Name & Location (city/state) of College/University	Course of Study	Dates (mo/yr)		Name of Degree Earned
			From	To	

Circle answers and provide details and supporting documentation when required.

- 1) Are you at least 18 years of age? YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3) Are you licensed in another state? YES NO
- 4) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
- 5) Are there any complaints or disciplinary actions pending against you in any state or jurisdiction? YES NO
- 6) In the past 20 years have you ever been convicted of a crime in which the conviction
has not been annulling or expunged? YES NO
- 7) Have you passed the national exam given by the Association of Social Work Boards? YES NO

(For questions 3, 4, 5, and 6, explain any "YES" responses on a separate sheet and attach supporting documents.)

Affidavit of Applicant:

I hereby certify that the answers and statements contained in this application and on the documents attached are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license (*Chap. 467E, Hawaii Revised Statutes*), and/or grounds for criminal prosecution (*Sec. 710-1017, Hawaii Revised Statutes*). I further certify that I have read, understand, and shall obey all laws pertaining to Social Workers.

_____ Date

_____ Signature of Applicant

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AppIn	680.....	\$60
Lic	681.....	\$100
CRF	686.....	\$35/70/105
Renewal	682.....	\$52/26
Service Fee	BCF	\$15